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ABSTRACT

As adolescents mature, their social skills are called upon to form and maintain relationships. Noting that the quality of those relationships has important consequences for adolescent development, this research brief presents information on social competency in adolescence. More than 360 research studies were reviewed to examine the factors that lead to high-quality social relationships and good social skills, and the intervention strategies that target these areas. The brief examines social relationships with parents, siblings, other adult family members, non-family adults, and peers. The development of social skills is discussed, including the interpersonal skills of conflict resolution, intimacy, and prosocial behaviors, as well as individual attributes such as self-control and behavior regulation, social confidence, and empathy. The brief notes that adolescents continue to need supportive and warm relationships with their parents and that quality relationships with parents are key to the development of social competency. Quality social relationships and good social skills play a role in healthy psychological development, academic success, and later life relationships. The brief also cites pressing research needs, including long-term studies on the factors in teens' lives that lead to the development of positive social relationships and social skills, the development of specific social relationships outside the nuclear family, and the development of specific social skills, such as intimacy, prosocial behavior, and self-control. A "What Works" table identifies programs and approaches designed to promote quality relationships and good social skills that have been found effective through experimental evaluations; the table's "Best Bets" column describes promising findings that have not been tested with experimental designs. (Contains 73 references.) (KB)

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Helping Teens Develop Healthy Social Skills and Relationships: What the Research Shows about Navigating Adolescence. Child Trends Research Brief.

Elizabeth C. Hair, Justin Jager, and Sarah B. Garrett

Child Trends, Inc.

July 2002

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AMERICAN TEENS
A special look at "what works" in youth development in partnership with
John S. and James L. Knight Foundation

Helping Teens Develop Healthy Social Skills and Relationships: What the Research Shows about Navigating Adolescence

By Elizabeth C. Hair, Ph.D., Justin Jager, and Sarah B. Garrett

July 2002

Overview *Ask anyone who has ever lived with, known, or been a teenager: adolescence is a time of dramatic change. With adolescence comes puberty, expanded cognitive abilities, a new sense of self and identity, and often new and increased expectations at school and work. Relationships with parents and peers change too. As they mature, adolescents' social skills are called upon to form and maintain relationships. Fortunately, with these relationships, especially those of high quality, come beneficial outcomes, such as psychological health,[27,57] improved academic performance,[58,71] and success in relationships as adults.[20,27] Conversely, the absence of such quality relationships is associated with negative outcomes, such as delinquency and psychological problems.[46]*

To explore these critical but frequently ignored elements of adolescent development, Child Trends carried out a review of more than 360 research studies that relate to social competency in adolescence. (Social competence is defined as "the ability to achieve personal goals in social interaction while at the same time maintaining positive relationships with others over time and across situations."[60]) With the goal of better understanding how adolescents gain the skills needed to engage in and maintain relationships, we examined the factors that lead to high-quality social relationships and good social skills, and we looked at intervention strategies that target these areas. Significantly, a number of intervention strategies have been evaluated in experimental studies and found to be effective.

Only experimentally evaluated programs are included in the review of "what works." Also included in this review are some "best bets," promising practices drawing on experimental and quasi-experimental evaluations, other research, and the wisdom from practitioners. (See the What Works *table on pages five and six.)*

This is the third in a series of *Research Briefs* based on a comprehensive review of adolescent development research. The *American Teens* series covers reproductive health, physical health and safety, social skills, education, mental and emotional health, and civic engagement as they relate to adolescents.

Social Relationships*

Parents

As expected, teens' relationships with their parents are strongly associated with teens' healthy social development. For example, the parent-child relationship is associated with the development of such social skills as conflict resolution and intimacy.[20,73] In addition, good parent-child relationships appear to influence the development of other social relationships, such as relationships with friends and romantic partners[27,42] and also affect adolescents' psychological and psychosocial development.[27,34,37,42]

Some intervention programs can have a positive influence on the quality of the parent-adolescent relationship – for example, programs designed to develop teens' social skills.[50] Even mentoring programs[58,68] can boost the quality of the parent-adolescent relationship, but most such programs have not been evaluated experimentally or among representative or diverse samples.

*See *Background for Community-Level Work on Social Competency in Adolescence: Reviewing the Literature on Contributing Factors* (2002, Child Trends: Washington, D.C.) for a complete discussion of factors and characteristics related to teens' relationships. (http://www.childtrends.org/PDF/KnightReports/KSocial.pdf)

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Siblings

Interactions with siblings can influence adolescents' relationship styles and whether they engage in delinquent behaviors.[65] Good sibling ties can help protect teens from family stress and may enhance cognitive development.[15]

Few programs have been developed to reduce conflict and foster relationships among siblings,[28] although an experimental study found that a parent training program on dealing with sibling conflict can lower levels of discord and foster good relations.[69]

Grandparents and Other Adult Family Members

Nonparental adults who are family members can serve as role models, teachers, and supporters to teens.[33] More specifically, grandparents may serve as a source of support and influence,[62] as well as provide information about family history and culture.[11] There is very little research on the quality of teens' ties with other extended family members, such as aunts, uncles, and cousins.

Several programs were found to strengthen the quality of grandparent-teen relationships, including a program designed to help people become better grandparents (which was evaluated experimentally).[67] Also promising, but not experimentally evaluated, are a family play therapy program to boost relationships between custodial grandparents and their grandchildren, and a home-based intervention program that aims to reduce stress.[9,36]

Relationships with Adults Outside the Family

Teens' relationships with adults outside their families – teachers, mentors, neighbors, and unrelated adults who may be called "aunts" or "uncles"– can promote their social development. Respected older adults can teach social skills, model behavior, give positive or negative reinforcement, and introduce young people to diverse social interactions and contexts.[64] These relationships can also provide advice, emotional support, companionship, opportunities for socialization, and even real-life examples of positive social relationships that teens may not find at home.[39]

Teens who have friendships with adults outside their families, feel supported,[57] are more social[73] and less depressed,[57] and get along better with their parents.[58] Perhaps one of the most important roles played by other adults is that they are additional figures in the teen's life with whom he or she can establish a secure emotional bond.[34] Such bonds have been associated with better skills overall, through the development of trust, compassion, and self-esteem, among other qualities.[58,64]

Many programs encourage and even set up formal connections between adolescents and adults outside their families, most often through mentoring. Studies of such programs suggest that certain factors help strengthen these relationships. Matching adolescents with adults based on similar interests, meeting at regular times, taking part in social activities, ensuring that the programs are youth-driven and responsive, maintaining long-term relationships, and training participants before and during the program all appear to encourage successful relationships.[35]

Relationships with Peers

Adolescents' social relationships with their peers, whether platonic or romantic, can promote social skills. Through their friendships, teens can develop constructive interpersonal skills,[32] autonomy,[14] positive mental health,[34] self-confidence,[55] and satisfaction with social support.[7] In addition, interacting with friends helps teens learn to make joint decisions, express empathy, and deepen their perspectives.[38,71] Positive peer relationships also appear to discourage aggression,[7] emotional distress,[10] and antisocial behaviors.[7,71,†] Frequent dating among teens has been linked with poor academic performance and depression,[‡] but not with a decline in any particular social skills.[55]

Very few programs try to establish and develop relationships among adolescents. Certain programs, however, teach teens the social skills needed to develop and maintain friendships.[61,68] Some of these programs have been experimentally evaluated and appear to indirectly improve relationships among teens.[13,68] For example, anti-violence programs appear to change teens' perceptions about gender roles and the perpetration of violence which, in turn, improves relationships between the sexes and platonic peer relationships.[25,61]

Social Skills[§]

Interpersonal Skills

Conflict Resolution The development of skills to

†However, if the youth and his/her friends are antisocial or aggressive themselves, antisocial and aggressive behaviors will most likely stabilize and continue. In this case, the absence of a close-knit peer group may be beneficial.[7]

‡These negative outcomes may be explained by adolescents with lower-than-average academic performance and higher depressive symptoms having a greater likelihood of dating frequently; conversely, it may be explained by academic pursuits losing priority to romantic pursuits, and by the adolescent experiencing the extremes of emotion during (frequently) turbulent adolescent relationships.[55]

§See *Background for Community-Level Work on Social Competency in Adolescence: Reviewing the Literature on Contributing Factors* (2002, Child Trends: Washington, D.C.) for a complete discussion of factors and characteristics related to teens' social skills. (http://www.childtrends.org/PDF/KnightReports/KSocial.pdf)

resolve conflicts is thought to be key to teens' social development.[49] Teens who can communicate successfully and resolve conflicts are more likely to be accepted by their peers and to develop friendships.[2] On average, girls may be better at conflict resolution, since they tend to be more positive in their social interactions[2] and act in less hostile and coercive ways than boys.[12] The recent discussion of "Alpha girls" is not reflected in current research-based literature.

Several experimental evaluations of programs tell us that adolescents without the appropriate skills needed to negotiate conflict can acquire those skills through training programs.[3,16,23,31,40,68,70]

Intimacy Teens with good intimacy skills, that is, those who are able to be emotionally close to another individual, are more interested in school, perform better academically, are better adjusted socially, and show stronger relationships with parents and peers than those who lack these skills.[24] In addition, these teens have higher self-esteem and are less likely to be depressed or to take part in risky behaviors. Adolescents without intimacy skills are more likely to be anxious, depressed, and isolated.[59]

Program interventions can help promote these skills in youth. Specifically, programs that work to increase teens' interpersonal skills have been found to be successful in improving adolescents' interactions with peers and family members.[8,50]

Prosocial Behaviors Youth who are "prosocial" behave voluntarily in ways intended to benefit others.[17] They are viewed as good problem solvers,[43] are considerate, and tend not to be aggressive.[18] Adolescents who are resilient,[66] warm, considerate,[30] sociable, assertive,[45] and not easily distracted[19] tend to help others.

One study of a program that fosters teens' prosocial development suggests that adolescents can increase their prosocial behavior through skills training.[6]

Individual Attributes

Self-Control and Behavior Regulation Adolescents who can regulate their behaviors and emotions are more likely to be viewed positively by peers[44] and adults[48] and less likely to have problems in relationships.[54]

Certain training programs which have been experimentally evaluated show that, for teens who lack positive sources of influence in developing self-regulation and control, teaching coping and monitoring strategies and social problem-solving skills can be at least partially successful.[16,22,31,41,53,63] One successful approach employed by many of these programs is encouraging teens to consider the consequences of their behavior.**

Social Confidence Adolescents who have social confidence – that is, those who are socially assertive and take the initiative in social situations – feel more accepted socially,[5] less lonely,[47,72] and less socially uncomfortable[29] than their peers.

The several experimentally evaluated studies of programs designed to improve adolescents' social skills show that programs that teach adolescents the behaviors and skills that promote communication and problem solving seem to foster social confidence.[16,21,52,56]

Empathy Empathy, or the ability to experience others' feelings, is key to successful relationships of all kinds.[1,48] Teens who have healthy egos,[51, ††] who hold religious beliefs,[26] and who are cooperative[1] are more likely to be empathic than their peers without these traits.

While there are few studies on programs that promote empathy, we know from experimental research that certain approaches, such as role-playing exercises, are successful in fostering empathy among teens.[4,51]

Conclusion

As children age into adolescence, parents often think that they become less important in the healthy development of their children. Our review of social competency in adolescence highlights the continued need for supportive and warm relationships between parents and youth. We find that quality relationships with parents are key to the development of social competency. Quality social relationships and good social skills play a role in healthy psychological development, academic success, and even later life relationships, such as marriage and parenting. Fortunately, a number of

**This discussion does not address violence prevention programs. Please refer to resources such as the Blueprints for Violence Prevention Initiative for scientifically-evaluated violence prevention programs, www.colorado.edu/cspv/blueprints/Default.htm. Also see *Children, youth, and gun violence* (2002, The Future of Children, Vol. 12(2)) for a balanced discussion of youth and guns, available at www.futureofchildren.org.

††A healthy ego is a personality trait characterized as a person's ability to monitor his or her own needs and wants against the needs of others in order to maximize relationship success.[51]

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experimental studies indicate that social relationships and skills can be fostered by programs.

What leads to quality social relationships among adolescents? Our review found that:

- Positive relationships between parents and teens, supportive and warm parenting, and low levels of family discord lead to stronger relationships in teens' lives.
- Mentoring programs appear to be useful in promoting social relationships (i.e., with parents, mentors, or peers).
- Education and social skills training programs can increase the quality of the adolescent's relationships by addressing the aspect of the relationship that is the most problematic (i.e., conflict resolution).

What factors help teens develop good social skills? Based on our review, we found that:

- Warm and responsive parenting is the most consistent factor found to predict good social skills among adolescents. In addition, having siblings can provide an opportunity for teens to develop social skills.
- Peer acceptance was found to lead to the development of many social skills, but it is possible that having good social skills could lead to these friendships.
- Programs targeting such specific skills as conflict resolution, self-control, behavior regulation, and self-confidence that an adolescent may lack have been found to be helpful in experimental studies.
- Programs that focus on intimacy skills and prosocial behaviors need further evaluation.

Next Steps For Research

There is a great need for more long-term studies on the factors in teens' lives that lead to the development of positive social relationships and social skills. Studies that stretch from childhood through adolescence would give us a better picture of the factors that lead to positive outcomes than the current cross-sectional studies provide, and would also help researchers better understand how social relationships and social skills are related.

We also need more research on the development of specific social relationships outside the nuclear family. Although there are a number of studies on the quality of teen relationships with parents and siblings, we lack research on adolescent relationships with extended family members, nonfamily adults, and peers.

In addition, more studies need to be carried out on the development of specific social skills. While a number of studies have been done on such social skills as conflict resolution, we know much less about such skills as intimacy, prosocial behaviors, and self-control in teens. Also, we need more research on the influence of society and culture on the development of quality social relationships and good social skills. Finally, we need more experimental evaluations of youth programs, especially those that target the quality of social relationships among teens and those that aim to boost social skills, including intimacy and prosocial behaviors.

Findings from such research may provide valuable guidance for those who are engaged in setting policy and developing and operating programs to promote healthy youth development.

What Works?

The *What Works* table, based on a review of more than 360 studies, identifies which programs and approaches designed to promote quality relationships and good social skills for adolescents are likely to succeed. The headings on the left identify the areas targeted for intervention:

- The "What Works" column describes programs in this area that have been found to be effective through experimental evaluations.
- The "What Doesn't Work" column lists interventions or activities that have been tried and found ineffective with experimental evaluations.
- The "Mixed Reviews" column highlights interventions that have been shown, through experimental evaluations, to be effective in some, but not all, programs or for some groups of adolescents but not all teens. Where there are empty spaces in the table, it means that little evidence has been found for or against programs in that particular area.
- Finally, the "Best Bets" column describes promising findings from research studies that take account of confounding factors such as poverty, parent education and residence but that have not been tested with experimental designs. It also includes results from quasi-experimental studies and wisdom from practitioners working in the field.

For a more detailed version of this table, with links to research and program descriptions, consult Child Trends' Web site at www.childtrends.org

Summary Table: Review of the the Research Literature and Implications for Targeted Activities to Improve Adolescent Social Relationships an Skills

(This is an abridged version of a table available at http://www.childtrends.org/youthdevelopment_intro.asp. The longer table links to research and program descriptions.)

	Experimental Research Studies			Non-Experimental Research Studies
AREAS FOR TARGETED INTERVENTION ACTIVITIES	**WHAT WORKS**	**WHAT DOESN'T WORK**	**MIXED REVIEWS**	**"BEST BETS"**
Social Relationships				
Parent-Child Relationship	*Program Level* - Big Brothers/Big Sisters (BB/BS): one-on-one mentoring program for youth.[56, 65]			*Individual Level* - Increase respect in parent-child relationships. - Encourage attachment to parents, including fathers, during childhood. - Discourage anxiety, bullying, or a quick temper in adolescents. *Family Level* - Encourage parents to offer socioemotional support, displays of affection, and appropriate power-sharing; to share similar interests and emotional needs with their child; to employ cooperative social skills and problem-solving skills; to promote love, fun, and family cohesion; and to accommodate adolescents' changing social and developmental needs. -Discourage family arguments, stress, general conflict, and "negative parenting" behaviors such as spanking, slapping, or yelling at the adolescent. - Support or encourage parental religiosity. *Program Level* -Encourage participation in programs similar to: • Adolescent Social Skills Effectiveness Training (ASSET): social skills training program aimed at reducing parent-child conflict. • Iowa Strengthening Families Program (ISFP): separate and joint social skills training program conducts sessions for parents and youth over a 14-week time period. • Positive Parenting Project: adolescent education program on the responsibilities and sacrifices inherent in parenting. Discussion and perspective-taking on the motivations behind participants' parents' decisions and demands. • Training of social skills and parent-child communication in programs with goals ostensibly unrelated to family relationships (such as those with the goal of suppressing alcohol and tobacco use). Lessons include parent-child partnership in homework completion and the development of parent-child communication skills. • Mentoring partnerships, or mentor-like relationships, between the adolescent and an adult outside of the family.
Peer Relationships: Platonic Relationships	*Program Level* -Big Brothers/Big Sisters (BB/BS): one-on-one mentoring program for youth.[65]			*Individual Level* -Address social difficulties and isolation in middle childhood to lower levels of adolescent social anxiety. -In the friendship dyad, encourage socioemotional support, displays of affection, appropriate power-sharing, and meeting emotional needs. *Family Level* -In the parent-child relationship, encourage attachment, closeness, the ability to depend on one another, and involvement with the child and his or her peers. -Minimize hostility in the parent-youth relationship. *Program Level* -Encourage participation in programs similar to Expect Respect, an anti-bullying, anti-sexual harassment, anti-gender violence program. It employs a "whole school" approach, as well as parent involvement, to establish a universal understanding of, and response to, this kind of violence.
Peer Relationships: Romantic Relationships	*Program Level* -Anxiety-reduction through desensitization training and/or replication skills training.[13] -Safe Dates Project: intervention consisting of role-playing, a poster contest, and a curriculum on violence, gender stereotyping, and conflict management. Included the development of victim services available to the community.[21]			*Individual Level* -Provide models of, or otherwise expose youth to, successful romantic interactions and functional romantic relationships. *Family Level* -Encourage adolescent communication with parents about romantic relationships. -Promote maintenance of positive parental marriage (to serve as a model of functional romantic relationships). *Program Level* -Encourage participation in programs with the following components: practice dating, counseling, self-reinforcement, behavior rehearsal, peer discussion, participant modeling, self-observation via videotape, anxiety desensitization, behavior skills training, sexuality education, and "cognitive modification."

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	Experimental Research Studies			Non-Experimental Research Studies
AREAS FOR TARGETED INTERVENTION ACTIVITIES	**WHAT WORKS**	**WHAT DOESN'T WORK**	**MIXED REVIEWS**	**"BEST BETS"**
Social Skills				
Conflict Resolution Skills	*Program Level* -Linking the Interests of Families and Teachers (LIFT): intervention involving parent training and child-behavior modification program.[14] -Adolescent Transitions Program (ATP): focuses on both improving parent management skills and developing adolescent goal/limit-setting abilities, peer supports, and problem-solving abilities.[3] -Anger Coping Program: designed to increase adolescent perspective-taking, social problem-solving and social skills for managing conflict.[40] -Big Brothers/Big Sisters (BB/BS): one-on-one mentoring program for youth.[27, 65] -Positive Youth Development Program: promotes stress management, self-esteem enhancement, problem-solving, assertiveness training, and the use of social networks.[70] -Anger control program (12 sessions): provides training in problem-solving, relaxation, and coping strategies.[26]			*Individual Level* -Teach teens to avoid confrontational and disagreeable personal styles. *Family Level* -Encourage adolescents, siblings, and parents to employ constructive strategies to address and resolve family conflicts. *Peer Level* -Take steps to increase adolescent's acceptance by peers. *Program Level* -Encourage participation in programs similar to: ▪ Reciprocal social skills training for delinquent adolescents and their parent(s). ▪ Adolescent Social Skills Effectiveness Training (ASSET): social skills training program aimed at reducing parent-child conflict.
Self-Control & Behavior Regulation	*Program Level* -Big Brothers/Big Sisters (BB/BS): see description above. -The Bicultural Competence Skills Program (BCSP): promotes competence and positive identity in the bicultural adolescent through skills training.[63] -Cognitive/behavioral training: provides skills training to promote competence.[22] -Social relations intervention programs: address social problem solving, positive-play training, group-entry skill training, and dealing with negative feelings.[41] -LIFT: see description above. -Project Northland: uses youth skills training and parent competence training.[53]			*Individual Level* -Administer a combination of medication and behavioral treatments for youth with a hormonal imbalance or other health-related behavior problems. *Family Level* -Promote a warm and close parent-child relationship. -Discourage conflicts and corporal punishment in the parent-child relationship. *Peer Level* -Take steps to increase adolescent's acceptance by peers. -Encourage friendships with non-delinquent peers.
Social Confidence: Social Assertiveness, Social Self-Efficacy, and Social Initiative	*Program Level* -Linking the Interests of Families and Teachers (LIFT): intervention involving parent training and child behavior modification program.[14] -The Bicultural Competence Skills Program (BCSP): promotes competence and positive identity in the bicultural adolescent through skills training.[63] -Project Northland: uses youth skills training and parent competence training.[53]			*Individual Level* -Develop adolescent's self-esteem; rehabilitate manifestations of low self-esteem. -Discourage aggression and antisocial behaviors. *Family Level* -Promote high quality and supportive relationships with parents and siblings. *Peer Level* -Take steps to increase adolescent's interaction with, support from, and acceptance by peers. -Encourage participation in school-related activities. *Neighborhood/Community Level* -Encourage adolescent's interaction with community members, neighbors, and church leaders.

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This research summarizes a longer report by Elizabeth C. Hair, Ph.D., Justin Jager, and Sarah B. Garrett, which was prepared for the John S. and James L. Knight Foundation. Kristin Anderson Moore, Ph.D., is the Principal Investigator and Jonathan Zaff, Ph.D., is the Project Director. The brief was prepared by Anne Bridgman and was edited by Amber Moore, Harriet J. Scarupa, Kristin Moore and the study's authors. For more information on this report, *Background for Community-Level Work on Social Competency in Adolescence: Reviewing the Literature on Contributing Factors* (2002, Child Trends: Washington, D.C.), call the Child Trends' publications office, 202-362-5580. Publications may also be ordered from Child Trends' Web site, www.childtrends.org.

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References

[1] Adams, G. R., Schvaneveldt, J. D., & Jenson, G. O. (1979). Sex, age and perceived competency as correlates of empathic ability in adolescence. *Adolescence, 14*(56), 811-818.

[2] Allen, J. P., Weissberg, R. P., & Hawkins, J. A. (1989). The relation between values and social competence in early adolescence. *Developmental Psychology, 25*(3), 458-464.

[3] Andrews, D. W., Soberman, L. H., & Dishion, T. J. (1995). The Adolescent Transitions Program for high-risk teens and their parents: Toward a school-based intervention. *Education & Treatment of Children, 18*(4), 478-498.

[4] Avery, A. W., Rider, K., & Haynes-Clements, L. A. (1981). *Communication skills training for adolescents: A five-month follow-up. Adolescence, 16*(62), 289-298.

[5] Barber, B. K., & Erickson, L. D. (2001). Adolescent social initiative: Antecedents in the ecology of social connections. *Journal of Adolescent Research, 16*(4), 326-354.

[6] Battistich, V., Solomon, D., Watson, M., & Schaps, E. (1997). Caring school communities. *Educational Psychologist, 32*(3), 137-151.

[7] Bender, D., & Loesel, F. (1997). Protective and risk effects of peer relations and social support on antisocial behaviour in adolescents from multi-problem milieus. *Journal of Adolescence, 20*(6), 661-678.

[8] Berner, M. L., Fee, V. E., & Turner, A. D. (2001). A multi-component social skills training program for pre-adolescent girls with few friends. *Child & Family Behavior Therapy, 23*(2), 1-18.

[9] Bratton, S., Ray, D., & Moffit, K. (1998). Filial/family play therapy: An intervention for custodial grandparents and their grandchildren. *Educational Gerontology, 24*(4), 391-406.

10 Burks, V. S., Dodge, K. A., & Price, J. M. (1995). Models of internalizing outcomes of early rejection. *Development & Psychopathology, 7*(4), 683-695.

[11] Cherlin, A., & Furstenberg, F. F. (1986). Grandparents and family crisis. *Generations, 10*(4), 26-28.

[12] Chung, T.-Y., & Asher, S. R. (1996). Children's goals and strategies in peer conflict situations. *Merrill-Palmer Quarterly, 42*(1), 125-147.

[13] Curran, J. P., & Gilbert, F. S. (1975). A test of the relative effectiveness of a systematic desensitization program and an interpersonal skills training program with date anxious subjects. *Behaviour Therapy, 6*, 510-521.

[14] Dowdy, B. B., & Kliewer, W. (1998). Dating, parent-adolescent conflict, and behavioral autonomy. *Journal of Youth & Adolescence, 27*(4), 473-492.

[15] Dunn, J., Slomkowski, C., & Beardsall, L. (1994). Sibling relationships from the preschool period through middle childhood and early adolescence. *Developmental Psychology, 30*(3), 315-324.

[16] Eddy, J. M., Reid, J. B., & Fetrow, R. A. (2000). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the Interests of Families and Teachers (LIFT). *Journal of Emotional & Behavioral Disorders, 8*(3), 165-176.

[17] Eisenberg, N. (in press). Prosocial behavior, empathy, and sympathy. In The Center for Child Well-being (Ed.), *Well-being: Positive development across the life course*. Mahwah, NJ: Erlbaum.

[18] Eisenberg, N., Carlo, G., Murphy, B., & Van Court, P. (1995). Prosocial development in late adolescence: A longitudinal study. *Child Development, 66*, 1179-1197.

[19] Eisenberg, N., Fabes, R. A., Karbon, M., Murphy, B. C., Wosinski, M., Polazzi, L., et al. (1996). The relations of children's dispositional prosocial behavior to emotionality, regulation, and social functioning. *Child Development, 67*, 974-992.

[20] Engels, R. C., Finkenauer, C., Meeus, W., & Dekovic, M. (2001). Parental attachment and adolescents' emotional adjustment: The associations with social skills and relational competence. *Journal of Counseling Psychology, 48*(4), 428-439.

[21] Englander-Golden, P., Elconin, J., Miller, K. J., & Schwarzkopf, A. B. (1986). Brief SAY IT STRAIGHT training and follow-up in adolescent substance abuse prevention. *Journal of Primary Prevention, 6*(4), 219-230.

[22] Etscheidt, S. (1991). Reducing aggressive behavior and improving self-control: A cognitive-behavioral training program for behaviorally disordered adolescents. *Behavioral Disorders, 16*(2), 107-115.

[23] Feindler, E. L., Ecton, R. B., Kingsley, D., & Dubey, D. R. (1986). Group anger-control training for institutionalized psychiatric male adolescents. *Behavior Therapy, 17*(2), 109-123.

[24] Field, T., Lang, C., Yando, R., & Bendell, D. (1995). Adolescents' intimacy with parents and friends. *Adolescence, 30*(117), 133-140.

[25] Foshee, V. A. (1998). Involving schools and communities in preventing adolescent dating abuse. In S. Oskamp (Ed.), *Addressing community problems: Psychological research and interventions. The Claremont Symposium on applied social psychology* (pp. 104-129). Thousand Oaks, CA: Sage Publications, Inc.

[26] Francis, L. J., & Pearson, P. R. (1987). Empathic development during adolescence: Religiosity, the missing link? *Personality & Individual Differences, 8*(1), 145-148.

[27] Franz, C. E., McClelland, D. C., & Weinberger, J. (1991). Childhood antecedents of conventional social accomplishment in midlife adults: A 36-year prospective study. *Journal of Personality and Social Psychology, 60*(4), 586-595.

[28] Furman, W. C., & McQuaid, E. L. (1992). Intervention programs for the management of conflict. In W. W. Hartup (Ed.), *Conflict in child and adolescent development* (pp. 402-429). New York, NY: Cambridge University Press.

[29] Galanaki, E. P., & Kalantzi-Azizi, A. (1999). Loneliness and social dissatisfaction: Its relation with children's self-efficacy for peer interaction. *Child Study Journal, 29*(1), 1-22.

[30] Graziano, W. G., Hair, E. C., & Finch, J. F. (1997). Competitiveness mediates the link between personality and group performance. *Journal of Personality & Social Psychology, 73*(6), 1394-1408.

[31] Grossman, J. B., & Tierney, J. P. (1998). Does mentoring work? An impact study of the Big Brothers/Big Sisters program. *Evaluation Review, 22*(3), 403-426.

[32] Hansen, D. J., Christopher, J. S., & Nangle, D. W. (1992). Adolescent heterosocial interactions and dating. In M. Hersen (Ed.), *Handbook of social development: A lifespan perspective* (pp. 371-394). New York: Plenum Press.

[33] Hendry, L. B., Roberts, W., Glendinning, A., & Coleman, J. C. (1992). Adolescents' perceptions of significant individuals in their lives. *Journal of Adolescence, 15*(3), 255-270.

[34] Hightower, E. (1990). Adolescent interpersonal and familial precursors of positive mental health at midlife. *Journal of Youth & Adolescence, 19*(3), 257-275.

[35] Jekielek, S. J., Moore, K. A., & Hair, E. C. (2002). *Mentoring programs and youth development: A synthesis*. Washington, DC: Child Trends, Inc.

[36] Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of exploratory study. *Child Welfare, 80*(1), 27-50.

[37] Kim, K. J., Conger, R. D., Lorenz, F. O., & Elder, G. H., Jr. (2001). Parent-adolescent reciprocity in negative affect and its relation to early adult social development. *Developmental Psychology, 37*(6), 775-790.

[38] Kruger, A. C. (1992). The effect of peer and adult-child transactive discussions on moral reasoning. *Merrill Palmer Quarterly, 38*(2), 191-211.

[39] Larkin, E. (1999). The intergenerational response to childcare and after-school care. *Generations, 22*(4), 33-36.

[40] Lochman, J. E. (1992). Cognitive-behavioral intervention with aggressive boys: Three-year follow-up and preventive effects. *Journal of Consulting & Clinical Psychology, 60*(3), 426-432.

[41] Lochman, J. E., Coie, J. D., Underwood, M. K., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting & Clinical Psychology, 61*(6), 1053-1058.

[42] Madsen, S. D., Patterson, L. E., & Hennighausen, K. H. (2001, April). *Has your mother met your steady? Parental knowledge about adolescent dating involvement*. Paper presented at the Biennial Meeting of the Society for Research in Child Development, Minneapolis, Minnesota.

[43] Marsh, D. T., Serafica, F. C., & Barenboim, C. (1981). Interrelationships among perspective taking, interpersonal problem solving, and interpersonal functioning. *Journal of Genetic Psychology, 138*(1), 37-48.

[44] Melnick, S. M., & Hinshaw, S. P. (2000). Emotion regulation and parenting in AD/HD and comparison boys: Linkages with social behaviors and peer preference. *Journal of Abnormal Child Psychology, 28*(1), 73-86.

[45] Midlarsky, E., & Hannah, M. E. (1985). Competence, reticence, and helping by children and adolescents. *Developmental Psychology, 21*(3), 534-541.

[46] Miller, R. (1990). Empathy and hierarchy: A response to Sass. *New Ideas in Psychology, 8*(3), 305-307.

[47] Moore, D., & Schultz, N. R. (1983). Loneliness at adolescence: Correlates, attributions, and coping. *Journal of Youth & Adolescence, 12*(2), 95-100.

[48] Murphy, B. C., Shepard, S. A., Eisenberg, N., Fabes, R. A., & Guthrie, I. K. (1999). Contemporaneous and longitudinal relations of dispositional sympathy to emotionality, regulation, and social functioning. *Journal of Early Adolescence, 19*(1), 66-97.

[49] Newcomb, A. F., & Bagwell, C. L. (1995). Children's friendship relations: A meta-analytic review. *Psychological Bulletin, 117*(2), 306-347.

[50] Openshaw, D. K., Mills, T. A., Adams, G. R., & Durso, D. D. (1992). Conflict resolution in parent-adolescent dyads: The influence of social skills training. *Journal of Adolescent Research, 7*(4), 457-468.

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[51] Peculonis, E. V. (1990). A cognitive/affective empathy training program as a function of ego development in aggressive adolescent females. *Adolescence, 25*(97), 59-76.

[52] Pentz, M. W. (1980). Assertion training and trainer effects on unassertive and aggressive adolescents. *Journal of Counseling Psychology, 27*(1), 76-83.

[53] Perry, C. L., Williams, C. L., Veblen-Mortenson, S., Toomey, T. L., Komro, K. A., Anstine, P. S., et al. (1996). Project Northland: Outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health, 86*(7), 956-965.

[54] Pope, A. W., & Bierman, K. L. (1999). Predicting adolescent peer problems and antisocial activities: The relative roles of aggression and dysregulation. *Developmental Psychology, 35*(2), 335-346.

[55] Quatman, T., Sampson, K., Robinson, C., & Watson, C. M. (2001). Academic, motivation, and emotional correlates of adolescent dating. *Genetic, Social, and General Psychology Monographs, 127*(2), 211.

[56] Ralph, A., Hogan, S. J., Hill, M., Perkins, E., Ryan, J., & Strong, L. (1998). Improving adolescent social competence in peer interactions using correspondence training. *Education & Treatment of Children, 21*(2), 171-194.

[57] Rhodes, J. E., Contreras, J. M., & Mangelsdorf, S. C. (1994). Natural mentor relationships among Latina adolescent mothers: Psychological adjustment, moderating processes, and the role of early parental acceptance. *American Journal of Psychology, 22*(2), 211-227.

[58] Rhodes, J. E., Grossman, J. B., & Resch, N. L. (2000). Agents of change: Pathways through which mentoring relationships influence adolescents' academic adjustment. *Child Development, 71*(6), 1662-1671.

[59] Rubin, K. H., & Mills, R. S. (1988). The many faces of social isolation in childhood. *Journal of Consulting & Clinical Psychology, 56*(6), 916-924.

[60] Rubin, K. H., & Rose-Krasnor, L. (1992). Interpersonal problem solving and social competence in children. In M. Hersen (Ed.), *Handbook of social development: A lifespan perspective* (pp. 283-323). New York: Plenum Press.

[61] Sanchez, E. M., Robertson, T. R., Lewis, C. M., Rosenbluth, B., Bohman, T., & Casey, D. M. (in press). Preventing bullying and sexual harassment in elementary schools: The Expect Respect model. *Journal of Emotional Abuse.*

[62] Sanders, G. F., & Trygstad, D. W. (1993). Strengths in the grandparent-grandchild relationship. *Activities, Adaptation & Aging, 17*(4), 43-53.

[63] Schinke, S. P., Botvin, G. J., Trimble, J. E., Orlandi, M. A., Gilchrist, L. D., & Locklear, V. S. (1988). Preventing substance abuse among American-Indian adolescents: A bicultural competence skills approach. *Journal of Counseling Psychology, 35*(1), 87-90.

[64] Schirm, V., Ross-Alaolmolki, K., & Conrad, M. (1995). Collaborative education through a foster grandparent program: Enhancing intergenerational relations. *Gerontology & Geriatrics Education, 15*(3), 85-94.

[65] Slomkowski, C., Rende, R., Conger, K. J., Simons, R. L., & Conger, R. D. (2001). Sisters, brothers, and delinquency: Evaluating social influence during early and middle adolescence. *Child Development, 72*(1), 271-283.

[66] Strayer, J., & Roberts, W. (1989). Children's empathy and role taking: Child and parental factors, and relations to prosocial behavior. *Journal of Applied Developmental Psychology, 10*(2), 227-239.

[67] Strom, R., Collinsworth, P., Strom, S., Griswold, D., & Strom, P. (1992). Grandparent education for Black families. *Journal of Negro Education, 61*(4), 554-569.

[68] Tierney, J. P., Grossman, J. B., & Resch, N. (1995). *Making a difference: An impact study of Big Brothers/Big Sisters.* Philadelphia, PA: Public/Private Ventures.

[69] Vickerman, R. C., Reed, M. D., & Roberts, M. W. (1997). Maternal intervention in sub-clinical sibling coercion. *Journal of Applied Developmental Psychology, 18*(1), 23-35.

[70] Weissberg, R. P., Barton, H. A., & Shriver, T. P. (1997). The social-competence promotion program for young adolescents. In T. P. Gullotta (Ed.), *Primary prevention works* (pp. 268-290). Thousand Oaks, CA: Sage Publications, Inc.

[71] Wentzel, K. R., & Caldwell, K. (1997). Friendships, peer acceptance, and group membership: Relations to academic achievement in middle school. *Child Development, 68*(6), 1198-1209.

[72] Young, M. R. R., & Bradley, M. T. (1998). Social withdrawal: Self-efficacy, happiness, and popularity in introverted and extroverted adolescents. *Canadian Journal of School Psychology, 14*(1), 21-35.

[73] Zahn-Waxler, C., & Smith, K. D. (1992). The development of prosocial behavior. In M. Hersen (Ed.), *Handbook of social development: A lifespan perspective* (pp. 229-256). New York: Plenum Press.

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